

Pro-Life Super PAC

March 19, 2012

Federal Election Commission

Attention: Christopher Morse, Reports Analysis Division

999 E Street NW

Washington, DC 20463

RECEIVED
2012 MAR 27 AM 8:32
FEC MAIL CENTER

Dear Mr. Morse:

Enclosed is the amended 24 hour report that you requested. The FEC assigned 9-digit Committee ID number for this committee is C00513697.

Please let me know if you need additional information. You may contact me at 918-809-7344.

I represent that I am the duly appointed treasurer and have the authority to sign FEC reports for the above named committee.

Sincerely,



Daniel Skerbitz

PO Box 35404

Tulsa, OK 74153

dskerbitz@sbcglobal.net



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

March 6, 2012

DANIEL SKERBITZ, TREASURER
PRO-LIFE SUPER PAC
P.O. BOX 35404
TULSA, OK 74153

Response Due Date

04/10/2012

IDENTIFICATION NUMBER: C00513697

REFERENCE: 24 HOUR REPORT, RECEIVED ON 2/24/12

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 1 item(s):

- Your committee filed a 24 Hour Report (see attached) informing the Commission of independent expenditures made in support or opposition of federal candidates. Please be advised that itemized independent expenditures disclosed on 24 and 48 Hour Reports should disclose the following information: the name and mailing address of the payee, the purpose of the expenditure, the date the communication is publicly disseminated or distributed, the amount, the name and office sought, state and district (if applicable) of the federal candidate, the calendar year-to-date, per election, for office sought total, the election designation, an indication of whether the candidate was supported or opposed and the signature of the treasurer. Please provide a complete amended 24 Hour Report and provide the state. (11 CFR §104.4(b) and (c))

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

12030761408

PRO-LIFE SUPER PAC

Page 2 of 2

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1133.

Sincerely,



Christopher Morse
Senior Campaign Finance Analyst
Reports Analysis Division

12030761409

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

RECEIVED

for 24 Hr Report

 PAGE 1 OF 2
 FOR LINE 24 OF FORM 28X

NAME OF COMMITTEE (In Full) PRO-LIFE SUPER PAC		2012 MAR 27 AM 8:32 FEC MAIL CENTER		FEC IDENTIFICATION NUMBER C 00513697	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		02 / 23 / 2012	

Full Name (Last, First, Middle Initial) of Payee WAYNE ADVERTISING			Date 03 / 19 / 2012		
Mailing Address 2261 E 128TH AVE			Amount 989485		
City THORNTON	State CO	Zip Code 80241	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: MI District: _____		
Purpose of Expenditure TELEVISION ADVERTISING		Category/Type 004	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 989485					

Full Name (Last, First, Middle Initial) of Payee			Date		
Mailing Address			Amount		
City	State	Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		
Purpose of Expenditure		Category/Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought					

(a) SUBTOTAL of Itemized Independent Expenditures.....	989485
(b) SUBTOTAL of Unitemized Independent Expenditures	0
(c) TOTAL Independent Expenditures.....	989485

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Skerbitz
 Signature **DANIEL SKERBITZ**

Date 03 / 19 / 2012

12030761410

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 2 OF 2

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

PRO-LIFE SUPER PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

WAYNE ADVERTISING

Nature of Debt (Purpose):

TELEVISION
ADVERTISING

Mailing Address
2261 E 128TH AVE

City State Zip Code
THORNTON, CO 80241

Outstanding Balance Beginning This Period

0

Amount Incurred This Period

9 8 9 4 85

Payment This Period

0

Outstanding Balance at Close of This Period

9 8 9 4 85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

9 8 9 4 85

2) TOTALS This Period (last page this line number only).....▶

9 8 9 4 85

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

0


4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

9 8 9 4 85

12030761411

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 3/19/12
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(3/2005)

3/27/12
DATE PREPARED

12030761412